

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE
Transcriber's Office
FLOOR DEBATE

February 27, 2001 LB 287, 337, 409

ASSISTANT CLERK: (Record vote read, Legislative Journal pages 819-820.) Vote is 41 ayes, 0 nays, 4 present and not voting, 4 excused and not voting.

SPEAKER KRISTENSEN: LB 337 passes. LB 409.

ASSISTANT CLERK: (Read LB 409 on Final Reading.)

SPEAKER KRISTENSEN: All provisions of law relative to procedure having been complied with, the question is, shall LB 409 pass? All those in favor vote aye; all those opposed vote nay. Record.

CLERK: (Record vote read, Legislative Journal page 820.) 44 ayes, 0 nays, 1 present and not voting, 4 excused and not voting, Mr. President.

SPEAKER KRISTENSEN: LB 409 passes. We next move to General File, LB 287. Mr. Clerk.

CLERK: Mr. President, LB 287 was a bill originally introduced by Senator Thompson. (Read title.) The bill was introduced on January 5, referred to the Health Committee for public hearing, advanced to General File.

SPEAKER KRISTENSEN: Senator Thompson, you're recognized to open.

SENATOR THOMPSON: Thank you, Mr. Speaker, members of the body. LB 287 was introduced at the suggestion of a number of organ and transplant groups that I met with over the course of the interim in discussing some of the key issues facing people who have transplants or are considering having transplants. And the history of this is...goes back to our renal disease program which provides funding for people who have kidney dialysis, and originally was set up because that was the only organ that was transplanted. And, at the time the Nebraska Chronic Renal Disease Program was set up, immunosuppressive drugs, or anti-rejection drugs in the vernacular, were part of that program. And the original transplants occurred for people who